

**Statement of Organization  
Recipient Committee**

Statement Type

☒ Initial

☒ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 2

Date of termination

Date Stamp

**RECEIVED AND FILED**

in the office of the Secretary of State  
of the State of California

**JUL 28 2020**

**CALIFORNIA  
FORM 410**

For Official Use Only

City Clerk's Office

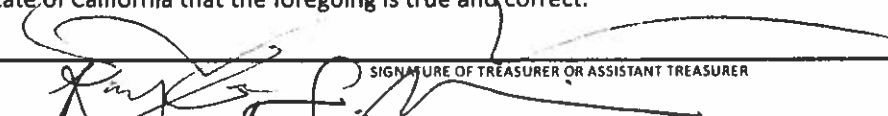
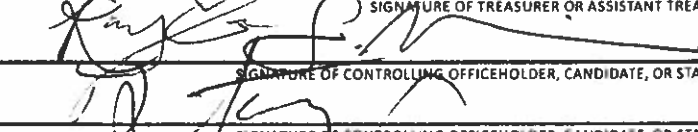

**SEP 17 2020**

**RECEIVED**

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Demetress Morris Milpitas City Council 2020</b>				NAME OF TREASURER <b>Sanae Alexander</b>			
STREET ADDRESS (NO P.O. BOX) <b>2151 Mesa Verde Drive</b>				STREET ADDRESS (NO P.O. BOX) <b>2151 Mesa Verde Drive</b>			
CITY <b>Milpitas</b>	STATE <b>CA.</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>(408) 935-8074</b>	CITY <b>Milpitas</b>	STATE <b>CA.</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>(408) 836-3065</b>
FULL MAILING ADDRESS (IF DIFFERENT) <b>Same</b>				NAME OF ASSISTANT TREASURER, IF ANY <b>NA</b>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>demetress.Morris@gmail.com</b>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>Santa Clara</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>California</b>			CITY <b>NA</b>			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) <b>Kayla Wilson</b>			
				STREET ADDRESS (NO P.O. BOX) <b>2151 Mesa Verde Drive</b>			
				CITY <b>CA.</b>	STATE <b>CA.</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>(408) 915-9511</b>

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	<u>7-23-2020</u>	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>7-23-2020</u>	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	<u>7-23-2020</u>	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2

COMMITTEE NAME

Demetress Morris Milpitas City Council 2020

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

KeyPoint Credit Union

AREA CODE/PHONE

(888) 255-3637

BANK ACCOUNT NUMBER

Pending

ADDRESS

CITY

STATE

ZIP CODE

573 E. Calaveras Blvd

Milpitas

CA. 95035

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF  
ELECTION

PARTY  
CHECK ONE

Demetress Morris	City Council	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

NA		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Demetress Morris Milpitas City Council 2020

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

campaign Donation

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

NA

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NA

**Small Contributor Committee**

☐

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

TIME RECEIVED  
July 23, 2020 at 4:41:57 PM PDT

REMOTE CSID  
4089358074

DURATION  
109

PAGES  
3

STATUS  
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p.1

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or

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☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

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City Clerk's Office

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## 1. Committee Information

I.D. Number  
(if applicable)

NAME OF COMMITTEE

Demetress Morris Milpitas City Council 2020

STREET ADDRESS (NO P.O. BOX)

2151 Mesa Verde Drive

CITY

Milpitas

STATE  
CA.

ZIP CODE  
95035

AREA CODE/PHONE  
(408) 935-8074

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

demetress.Morris@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

California

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Sanae Alexander

STREET ADDRESS (NO P.O. BOX)

2151 Mesa Verde Drive

CITY

Milpitas

STATE  
CA.

ZIP CODE  
95035

AREA CODE/PHONE  
(408) 836-3085

NAME OF ASSISTANT TREASURER, IF ANY

NA

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Kayla Wilson

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2151 Mesa Verde Drive

STATE  
CA.

ZIP CODE  
95035

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By

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FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

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NA

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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NO. AND STREET

CITY

STATE

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Demetress Morris	City Council	2020	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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NA		SUPPORT	OPPOSE
		SUPPORT	OPPOSE